

Site address at <http://www.hcfa.gov/regs/prdact95.htm>, or E-mail your request, including your address, phone number, OMB number, and HCFA document identifier, to [Paperwork@hcfa.gov](mailto:Paperwork@hcfa.gov), or call the Reports Clearance Office on (410) 786-1326.

HCFA is requesting OMB review and approval of these collections within eleven working days of publication in the **Federal Register**. However, comments on these information collections and record keeping requirements must be received by the designees referenced below, within ten working days of publication in the **Federal Register**: Office of Information and Regulatory Affairs, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503, Fax Number: (202) 395-6974 or (202) 395-5167, Attn: Laura Oliven, HCFA Desk Officer.

Dated: June 9, 1998.

**John P. Burke III,**

*HCFA Reports Clearance Officer, HCFA, Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.*

[FR Doc. 98-16221 Filed 6-17-98; 8:45 am]

BILLING CODE 4120-03-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Public Law 104-13), the Health Resources and Services Administration (HRSA) will publish periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans, call the HRSA Reports Clearance Officer on (301) 443-1129.

Comments are invited on: (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and

clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

#### Proposed Project: HIV/AIDS Dental Reimbursement Program

(OMB No. 0915-0151)—Extension and Revision—This is a request for extension and revision of the instructions used by accredited dental schools and post-doctoral dental programs requesting reimbursement for documented uncompensated costs for providing oral health care for HIV-infected individuals. Awards are authorized under section 776(b) of the Public Health Service Act (42 U.S.C. 294n).

The HIV/AIDS Bureau needs to collect this information to determine the amount of the reimbursement award that is made to each institution. The information will also assist the Health Resources and Services Administration (HRSA) in understanding: (1) the extent to which dental programs are involved in the treatment of HIV-infected individuals; (2) the type of individuals seeking care; (3) the scope and extent of HIV oral health services provided; (4) the time and costs involved in providing these services; and (5) how the funds used by the institutions are allocated.

Comparisons are requested between HIV and non-HIV infected patients to enable HRSA to determine the impact on dental programs of providing oral health services to HIV-infected patients.

The hourly burden estimate has increased substantially based on the experience of the grantees in completing the information required.

Collection	Number of respondents	Hours per response	Total burden hours
Reimbursement Request .....	125	20	2,500

Send comments to HRSA Reports Clearance Officer, Room 14-36, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this Notice.

Dated: June 12, 1998.

**Jane Harrison,**

*Director, Division of Policy Review and Coordination.*

[FR Doc. 98-16143 Filed 6-17-98; 8:45 am]

BILLING CODE 4160-15-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Statement of Organization, Functions and Delegations of Authority

This notice amends Part R of the Statement of Organization, Functions and Delegations of Authority of the Department of Health and Human Services (DHHS), Health Resources and Services Administration (60 FR 56605 as amended November 6, 1995, as last amended at 63 FR 7422 dated February 13, 1998). This notice reflects the establishment of the Health Resources and Services Administration's (HRSA) five (5) Field Clusters in the Office of Field Coordination (RS5). This notice also updates the functional statements for the Division of Facilities and Loans (RR2) in the Office of Special Programs (RR). The changes are as follows.

I. Under Part R, HRSA, establish a new chapter as the "HRSA Field Clusters (RS5F)," to read as follows:

#### Section RS5F-00 Mission

The HRSA Field Clusters are comprised of the Northeast Cluster, the Southeast Cluster, the Midwest Cluster, the West Central Cluster and the Pacific West Cluster. These clusters support the Department's mission of improving the health of the Nation's population by administering HRSA field health programs and activities to assure a coordinated HRSA effort in support of national health policies and State and local needs within the field. The clusters will assist HRSA in addressing cross-cutting program issues and initiatives to achieve program goals, and in providing a HRSA focal point for responding to the needs of State and local governments, community agencies and others involved in the planning or provision of general health. This organizational structure will support intergovernmental activities which respond to health issues on both the State and local levels, help administer health activities and programs to provide prevention of health problems, and assure access to and quality of general health services.

#### Section RS5F-10 Organization

Each cluster is headed up by a Field Coordinator who reports to the Director, Office of Field Coordination, who reports to the Associate Administrator for Management and Program Support.

The clusters are organized as follows:

##### A. Northeast Cluster (RS5F1)

1. Philadelphia, PA.—lead city